

Institution: \_\_\_\_\_ Period of This Report m/ y/ to m/ y/.

**TITLE II REPORTING**  
**ADDENDUM to the ANNUAL REPORT FORM FOR PROGRAM APPROVAL**  
Education Standards and Practices Board  
SFN 52213 (8-02)

<b>Title II-1. Student Teaching</b>
_____ average number of hours per week required of student participation in supervised student teaching in these programs
_____ total number of weeks of supervised student teaching required
_____ total number of hours required
Please include additional explanation of student teaching requirements for special situations such as double majors and P-12 areas:

Title II-2. State approval or accreditation of teacher preparation programs	
A.	Is your teacher preparation program currently approved or accredited by the state? <input type="checkbox"/> Yes <input type="checkbox"/> No
B.	Is your teacher program currently under a designation as “low-performing” by the state (as per section 208 (a) of the HEA of 1998)? <input type="checkbox"/> Yes <input type="checkbox"/> No

Title II-3. Contextual Information (optional). Please use this space to provide any additional information that describes your teacher preparation program(s). You may also attach information to this questionnaire. (Page 8 of the “Reference and Reporting Guide for Preparing State and Institutional Reports on the Quality of Teacher Education” manual indicates information that may be included in this portion.)

Institution: \_\_\_\_\_ Period of This Report m/ y/ to m/ y/.

**Title II-4. CERTIFICATIONS**

- A. I certify that, to the best of my knowledge, the information in this report is accurate and complete and conforms to the definitions and instructions used in the Reference and Reporting Guide for Preparing State and Institutional Reports on the Quality of Teacher Preparation.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Typed name of responsible institutional  
representative for teacher preparation program

\_\_\_\_\_  
Title

- B. I certify that I, as President/Chief Executive of this institution, have reviewed the information in this Institutional Report on the Quality of Teacher Preparation.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Typed Name of President/Chief Executive (or designee)

\_\_\_\_\_  
Title